

In a recent analysis of Medicaid coverage in all 50 States, the March of Dimes found that each State would significantly restrict coverage for services needed by children with physical and developmental disabilities, States that were exempt from the mandates of the Early, Periodic, Screening, Detection and Treatment program.

Unfortunately, this bill puts the wheels in motion for States to deny necessary health care benefits to disabled children.

Madam Speaker, the light has been shined on this process. This is not a process to reduce the deficit. This is a process to finance additional tax cuts.

There is no way to deny this fact when the same budget that protects \$34.7 billion in decreased mandatory spending allows for \$70 billion in tax cuts that will decrease revenues used to fund government programs.

It is inconceivable Congress would balance this budget on the backs of low-income Americans, but to finance tax cuts on the backs of America's most vulnerable, that is downright shameful.

The SPEAKER pro tempore (Mrs. DRAKE). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ORDER OF BUSINESS

Mr. BURGESS. Madam Speaker, I ask unanimous consent to go out of order and claim the unclaimed time of the gentlewoman from Texas (Ms. JACKSON-LEE).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

PANDEMIC PLAN—AVIAN INFLUENZA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Madam Speaker, we heard the chairman of the Appropriations Committee come to the floor and speak about his bill that he has introduced to fund preparation for a possible pandemic flu outbreak, and I thought it might be useful to come down to the floor and just review some of the reasons that scientists are concerned about this outbreak of avian flu in the world and some of the reasons why we need to be concerned and some of the reasons why we need to be prepared and some of the good news to share as well.

Madam Speaker, the influenza virus with which we are all familiar undergoes a continuous process of change. It

is constantly changing its genetics. It drifts from one genetic makeup to another.

For the past several years, the flu type known as H3N2 has been the type for which we commonly receive inoculations; and because of this genetic drift, a new inoculation is required each and every year.

With the absence of a flu vaccination last year, I did not take a flu shot; but there is still some immunity that carries over from year to year; but about every 30 years, there is a major change in the genetics of the flu virus. These major changes took place during the last century in 1957 when 170,000 people in this country died from an outbreak of what was called Asian flu and in 1968 when 35,000 people in this country died from the Hong Kong flu.

The term pandemic applies when there is a big, big animal reservoir of the virus and no underlying immunity, and those conditions exist today.

The assumptions and the knowledge of prior pandemics certainly have become part of the pandemic plan that was revealed by the Department of Health and Human Services last week; but the important thing is the study of prior pandemics tells us that this virus, if it were to achieve pandemic status, could overwhelm almost all of the available resources that we would have at our disposal in this country, not to mention what would happen in the rest of the world.

The virus that is under consideration for this pandemic, the so-called H5N1 virus, has some similarities with the Spanish flu from the 1918 pandemic. Both of these illnesses cause lower respiratory tract symptoms, high fever, muscle aches and pains, and extreme, extreme fatigue. That fatigue can persist for 6, 8, 10 weeks after recovery. If the patient recovers from the illness, that fatigue may persist for many, many weeks thereafter; and that, of course, could have implications for people returning to the workforce. The virus can cause a primary or a secondary pneumonia. The pulmonary tree is unable to clear itself of secretions and debris. The vast majority do recover, but the potential to kill is certainly related to the virulence of the microbe.

Some of the trouble signs that are on the horizon, things that have gotten the Secretary of Health and Human Services and the chairman of the Committee on Appropriations concerned, some of the trouble signs include the wide geographic setting with involvement of not only birds but now other mammals. Bird-to-human transmission has occurred. It has not been easy for the virus to go from bird to human, but it has happened; and it appears in some instances, although it has not been an easy transmission, there has been transmission from human to human.

If the virus undergoes that last step that allows it to have efficient human-to-human transition, that is what would signify the onset of a worldwide

pandemic. It is also entirely possible, and I do need to stress this, that efficient human-to-human transition will never be developed and that the pandemic will never occur.

So the chairman is quite right. We need to devote resources to this problem, but we must also recognize that the problem that we are concerned about today may not be the problem that we face. One of the very important aspects of the legislation that has been introduced by Chairman LEWIS and legislation that will be taken up by my committee, the Energy and Commerce Committee, is how do we facilitate the ramp up, the surge capacity, the production of antiviral or the production of antiviral vaccines if an entirely different virus or somewhat different virus from this avian flu is actually the one that causes the outbreak.

There are other antiviral medications available, medications such as Tamiflu and Relenza have activity against the H5N1 virus, and they are going to be one of our first lines of defense.

Again, some good news is that a vaccine has been developed, and it was developed in a relatively short period of time. It was undergoing trials. It appears to be safe. One of the troubles, though, is since we have no underlying immunity to that virus, it takes a lot of that vaccination for us to develop immunity.

Some of the things we are going to have to consider, and the chairman appropriately referred to these, the Federal Government will have to share some of the risks with companies that are manufacturing the vaccines. That means not only some of the liability risks but the risks of guaranteeing purchase of these products if they ramp up production and the pandemic does not materialize. Some guarantee of purchase will have to be there and to allow drug companies to communicate with each other to discuss among themselves what are some of the techniques for producing some of these medications. So perhaps some antitrust reform will have to be included in whatever our preparation and our response is to the flu.

Madam Speaker, I wanted to bring these facts to the floor tonight because I know this is important legislation that this House will be considering in the next couple of weeks, and it is imperative that we all do have accurate and timely information.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 60 minutes as the designee of the majority leader.

Mr. MURPHY. Madam Speaker, tonight, a number of the members of the Republican Conference are going to speak on an issue we know all Americans are concerned about and Members